



Unannounced Care Inspection Report 12 November 2020



Longfield Care Home

Type of Service: Nursing Home
Address: 2 Longfield Road, Eglinton, BT47 3PY
Tel No: 028 7181 2552
Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide care for up to 35 persons. The home shares the same site with a registered residential home.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland Belfast Ltd Responsible Individual(s): Amanda Celine Mitchell	Registered Manager and date registered: Louise McCloskey 1 April 2005
Person in charge at the time of inspection: Louise McCloskey	Number of registered places: 35
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 31

4.0 Inspection summary

An unannounced inspection took place on 12 November 2020 from 09.30 to 14.10 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- Staffing
- Safeguarding
- Environment
- Infection Prevention and Control (PPE)
- Care delivery
- Care records
- Fire safety
- Governance and management

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

The one area of improvement and details of the Quality Improvement Plan (QIP) was discussed with Louise McCloskey, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 15 patients and eight staff.

The following records were examined during the inspection: duty rotas, competency and capability assessments, IPC documentation and audits, patients care records, fire safety risk assessment, fire safety records, Regulation 29 reports, quality assurance audits, accident and incident reports, staff training records and maintenance and service reports.

The findings of the inspection were provided to Louise McCloskey, manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

There were no areas of improvement from the most recent inspection of the home which was an unannounced medicines management inspection undertaken on 12 February 2020.

6.2 Inspection findings

6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. A competency and capability assessment was in place for any member of nursing staff who has the responsibility of being in charge of the home in the absence of the manager. Inspection of two of these assessments found these to be appropriately maintained.

Staff spoke positively about their roles and duties, training, managerial support and teamwork. Staff did express anxieties with staffing levels pertaining to the current COVID-19 pandemic but

acknowledged the good support received with staffing from the aligned Health and Social Care Trust. Staff stated that patients received a good standard of care and they were treated with dignity, respect and kindness.

Care duties were attended to in an unhurried organised manner with evidence of good team working and support amongst staff members.

An informative 24 hour daily written report is verbally handed over between shifts of staff to inform of patients' well-being needs, tasks and duties.

Some staff expressed issues of stress and anxiety with working with the COVID-19 pandemic. They stated that they had received excellent support from the manager but felt there was support lacking from the organisation's senior management in terms of promotion of morale and acknowledgement.

6.2.2 Safeguarding residents from harm

The manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

6.2.3 Environment

The home was clean and tidy throughout with a good standard of décor and furnishings. Patients' bedrooms were comfortable and tastefully furnished. Communal areas were comfortable and nicely furnished. Bathrooms and toilets were clean and hygienic.

6.2.4 Infection prevention and control

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic.

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment. Staff were also observed to wash their hands and use alcohol gels at appropriate times.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

Social distancing of patients was maintained with patients accommodated in their bedrooms by choice.

6.2.5 Care delivery

Patients looked well cared for. Staff spoke to patients kindly, politely and were very attentive to any requests for assistance.

The atmosphere in the home was calm, relaxed and friendly. Patients were engaged in the goings on in their environment. Patients who were less well able to communicate were seen to be content and comfortable in their surroundings. Patients spoke positively about life in the home, the staff and the food.

Some comments made by patients included:

- “I am very happy here in every way. I couldn’t complain about a thing. They are all very good to me.”
- “I am fine here. The girls (the staff) are very good.”
- “I’m alright. No complaints.”
- “They are more than good to you here. Just look I have all my comforts.”
- “That was a lovely dinner.”
- “I can’t complain about a thing.”

Those patients who were unable to articulate their views were seen to be comfortable and at ease in their environment.

6.2.6 Care records

An inspection of four patients’ care records were undertaken on this occasion. These records were maintained in a secure, organised manner.

A holistic assessment of needs were in place, supported with assessment tools pertaining to dietary management, falls, moving and handling and skin care. Care plans were written in a comprehensive detailed manner and were based on these assessments. Care reviews were up-to-date and informative.

Evidence was in place to confirm that the patient or their representative was included in the care planning process.

Progress records were well written and included evidence of multi-disciplinary healthcare input and advice.

6.2.7 Fire safety

The home’s most recent fire safety risk assessment was dated 19 December 2019 had one recommendation made as a result. Corresponding evidence was in place to confirm that this recommendation had been addressed.

Fire safety checks were maintained on a regular and up-to-date basis. Fire safety training and safety drills were also maintained on a regular and up-to-date basis.

6.2.8 Governance and management

At the time of this inspection the manager was covering nursing duties shifts. Despite this the manager was able to facilitate the inspection with clarification, discussion and feedback at the conclusion. The manager was knowledgeable about her role and the care needs of patients and demonstrated leadership and role modelling to others.

Inspection of the last two months' Regulation 29 reports (29 September 2020 and 30 October 2020) on the behalf of the responsible individual found these to be well maintained with good governance.

The last three months accident and incident reports to the date of this inspection were inspected. These reports were found to be managed properly and appropriately reported to the relevant stakeholders.

Quality assurances audits pertaining to Northern Ireland Social Care (NISCC) registrations, the environment, IPC, staff training, and accidents and incidents were inspected and found to be appropriately in place.

An area of improvement was identified with a significant number of maintenance certificates and service reports which were outstanding. These delays were reported to have been a result of the COVID-19 pandemic. A schedule list of proposed dates for completion of these maintenance certificates and service reports must be submitted to the aligned estates inspector for review.

Areas of good practice

Areas of good practice were found in relation to the staff teamwork, upkeep of the environment, care records, quality assurance and managerial support.

Areas for improvement

One area of improvement was identified during this inspection, to submit a schedule to the aligned estates inspector of proposed dates of when service maintenance issues will be addressed.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

Patients appeared to be well cared for with staff seen to be caring in a kind, and considerate manner. Care duties were organised and unhurried and there was seen to be good team working with staff. The environment was clean and tidy and facilities were comfortable for patients to avail of.

The manager showed good leadership and support with staff and this was commented on by staff throughout the inspection.

7.0 Quality improvement plan

The one area of improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Louise McCloskey, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27(2)(t)</p> <p>Stated: First time</p> <p>To be completed by: 12 December</p>	<p>The registered person shall submit a schedule of proposed dates when the outstanding service maintenance issues will be addressed to the home's aligned estates inspector.</p> <p>Ref: 6.2.8</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All outstanding service maintenance has now been substantially addressed. Dates scheduled in new year for generator and servicing of nebulisers and suction machine.</p>

Please ensure this document is completed in full and returned via Web Portal



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